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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/574,671			ing Date 15/2008	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2) SMALL ENTITY												HER THAN
FOR NUMBER FIL				.ED	NUMBER EXTRA			RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
×	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		ı	N/A		1	N/A	310
	SEARCH FEE (37 CFR 1 16(k), (i), e	or (m))	N/A		N/A			N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A		N/A			N/A		]	N/A	
	FAL CLAIMS CFR 1.16(i))		minus 20 =		•		П	x s =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =			•		X \$ = 1			X \$ =	
	APPLICATION SIZE 37 CFR 1.16(s))	FEE shee is \$2 addif 35 U	If the specification and drawin sheets of paper, the application is \$250 (\$125 for small entity) additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37			n size fee due for each thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										ı		212
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL	<u> </u>	J	TOTAL	310
APPLICATION AS AMENDED – PART II         OTHER THAN           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY												
AMENDMENT	12/30/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHES' NUMBER PREVIOU PAID FO	USLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 18	Minus	20		= 0	П	X \$ =		OR	X \$60=	0
	Independent (37 CFR 1.16(h))	• 3	Minus	3		= 0	П	X \$ =		OR	X \$250=	0
	Application Size Fee (37 CFR 1.16(s))											
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(i))									OR		
TOTAL ADDL FEE										OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST												
AMENDMENT		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,15()))		Minus			-	П	X \$ =		OR	X \$ =	
	Independent (37 OFR 1 16(h))		Minus	***			ı	X \$ =		OR	X \$ =	
	Application Size Fee (37 CFR 1.16(s))									]		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(j))						ı			OR		
	the entry in column							TOTAL ADD'L FEE	nstrument Fx	or amin	TOTAL ADD'L FEE er:	
"I the entry in column 1 is less main the entry in column 2, write 0 in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3. enter "20". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3. enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3. enter "3". The "Highest Number Previously Paid For IN THIS SPACE is less than 3. enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 3. enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 3. enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 3. enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 3. enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 3. enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 3. enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 3. enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 3. enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 3. enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 3. enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 3. enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 3. enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 3. enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 3. enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 3. enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 3. enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 3. enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 3. enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 3. enter "3".  The "Highest Number Previously Paid For I												

This collection of Information is equiend by 37 CFR 1.16. The information is equiend to obtain or retain a benefit by the public within it is to file (and by the USRTO to process) an application Condificientity is governed by 38 USs 1.6. 22 and 37 CFR 1.4. This recibited in estimated to their bet 2 minutes to complete, enough greatering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the smooth of time you require to complete the form and/or supposednoss for reducing this burden, should be sent to the CHIP (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22913-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.